

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1563

## 1. PLACE OF DEATH

53

County Rock  
Township Union  
City Union (No.     )

Registration District No.       
Primary Registration District No.     

File No.       
Registered No.       
St.      Ward     

## 2. FULL NAME

(a) Residence, No.      St.      Ward     

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Brewer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12 1880</u>		
7. AGE <u>52</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rock Co</u>
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13. NAME <u>not known</u>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>    </u>
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15. MAIDEN NAME <u>John Thomas / Smith</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>    </u>
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17. INFORMANT (ADDRESS) <u>Nancy Brewer</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Billerback</u>	DATE <u>Jan 21 1932</u>
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19. UNDERTAKER (ADDRESS) <u>John Maffett</u>
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20. FILED <u>Feb 16 1932</u> <u>James Blint</u> Registrar
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from     , 19    , to     , 19    .

I last saw h.      alive on     , 19    . Death is said

to have occurred on the date stated above, at about 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Committed suicide by placing muzzle of shot gun in his temple blowing top of head off.

Other contributory causes of importance:     

167 / 164 (7)

Name of operation      Date of     

What test confirmed diagnosis?      Was there an autopsy?     

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Jan 20 1932

Where did injury occur? Rock Co. Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury shot with shot gun

Nature of injury blow through of gun in his temple.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify     

(Signed) A. P. Palmer Deputy Coroner

(Address) Union Mo.

